



FY2004 Application

Teacher Initiated Program (TIP)

Intent to apply Due: September 15, 2003 (*Required*)

Deadline: October 15, 2003

Please refer also to the Guidelines/Instructions for this program. You may skip lines marked N/A.

1. First Name N/A
2. School Name _____
3. Mailing Address _____
4. City _____
5. State _____
6. Zip Code - plus 4 _____
7. County _____
8. School District Name _____
9. School District Number _____
10. School Phone Number _____
11. E-mail Address _____
12. Web Address http:// _____
13. Legislative District Number of Applicant:
U.S. Congressional District #: ☐ #1 ☐ #2 ☐ #3 ☐ #4 ☐ #5 ☐ #6
Representative's Name: _____
Senators: Jim Bunning (R) / Mitch McConnell (R)
KY Senate District #: _____
Senator's Name: _____
KY House District #: _____
Representative's Name: _____

If you do not know your Kentucky Senate District, House District, or U.S. Congressional District numbers, please refer to this web site: www.vote-smart.org/index.phtml or call your County Clerk's office for this information

KAC Staff Use Only

- | | | |
|------------------------------|------------------------------|----------------------------------|
| 1. FY 2004 | 7. Grantee Race _____ | 13. • AIE Percent <u>1</u> |
| 2. App. # _____ | 8. # Youth Benefit _____ | • AIE Description <u>A</u> |
| 3. C-List # _____ | 9. Project Disc. _____ | 14. Proj. Descriptors <u>N/A</u> |
| 4. App. Status _____ | 10. Activity <u>20</u> | 15. Date Rcvd. _____ |
| 5. App. Institution _____ | 11. Project Race _____ | |
| 6. App. Discipline <u>15</u> | 12. Grant Program <u>TIP</u> | |

14. Federal Employer ID Number _____ (Must be 9 digits)

15. Principal's Name _____

16. Principal Salutation ☐ Miss ☐ Ms. ☐ Mrs. ☐ Mr. ☐ Dr.

17. Contact Individual's Name _____

18. Contact Individual's Salutation ☐ Miss ☐ Ms. ☐ Mrs. ☐ Mr. ☐ Dr.

19. Project Title (short phrase) _____

20. Proposed Beginning Date (month/day/year) _____ / _____ / _____

21. Proposed End Date (month/day/year) _____ / _____ / _____

22. Amount Requested (check one) ☐ \$525.00 ☐ \$1,050.00

23. Match Amount (check one) ☐ \$275.00 ☐ \$550.00

24. Residency Length ☐ 1 week (5 days) ☐ 2 weeks (10 days)

25. Residency Artist's Name _____

Address _____

City/State/Zip Code _____

Phone Number _____

E-mail Address _____

Social Security Number _____

On KAC Arts Education Roster ☐ YES ☐ NO

26. Number of Individuals who will Benefit from this Project _____ Youth _____ Adults

27. Residency Discipline (visual arts, music, dance, etc.) _____

28. Total KAC Funding Received Last Year (all categories) \$ _____

29. Grantee Race/Ethnicity:

School should choose the **one** code that best represents 50% or more of their staff and administration (not students). Choose **one** below:

☐ American Indian/Alaska Native

☐ Asian

☐ Native Hawaiian/Pacific Islander

☐ Black/African American

☐ Hispanic/Latino

☐ White

30. Activity Race/Ethnicity:

If the majority of the grant activities are intended to involve or act as a clear expression or representation of the cultural traditions of one particular group, or deliver services to a designated population listed below, choose that group from the list. If the grant or activity is not designed to represent or reach any one particular group, choose "No Single Group."

Choose **one** below:

☐ Asian Individuals

☐ Black/African American Individuals

☐ Hispanic/Latino Individuals

☐ American Indian/Alaska Native Individuals

☐ Native Hawaiian/Pacific Islander Individuals

☐ White Individuals

☐ No Single Group

31. Applicant Institution. _____ (Insert ***only one*** Category Code Number on this line)

Choose your category code number from one of the following:

- | | |
|----------------------------------|--------------------------------|
| [19] School District | [25] Other School (Pre-school) |
| [21] Elementary School | [48] School of the Arts |
| [22] Middle School | [49] Arts Camp/Institute |
| [23] Secondary School | [50] Social Service (FRC) |
| [24] Vocational/Technical School | [99] None of the Above |

32. Applicant Status _____ (Insert ***only one*** Status Code Number on this line)

- | | | |
|--------------------------------|-----------------------------|--------------------------|
| [02] Organization – Non-Profit | [07] Government – County | [09] Government – Tribal |
| [05] Government – State | [08] Government – Municipal | [99] None of the Above |
| [06] Government – Regional | | |

*(Schools will generally be in the following categories: [02] **Organization – Non-Profit**, for a private school; [07] **Government – County**, for a county school; and [08] **Government – Municipal**, for a city school.)*

Residency Budget

If these figures correspond to your residency budget, you do not need to provide additional budget information. The school may have additional residency expenses, such as supplies, however, these do not need to be included in this application. If the residency budget will vary significantly from the basic budgets below, please attach a budget that details income and expenses and provides budget notes where appropriate.

The basic residency budgets are as follows:

	5-Day Residency	10-Day Residency
<u>Income</u>		
Kentucky Arts Council grant request	\$525	\$1,050
School's Match	275	550
Total Income	\$800	\$1,600
<u>Expenses</u>		
Residency Artist's Fee	\$800	\$1,600
Total Expenses	\$800	\$1,600

Instructions for Completing Narrative

To assist panelists in reading your application, duplicate the heading of each subject and performance expectation. For example, type "**Description of your School**" before your response to that item. Place the school's name and the words "Teacher Initiated Program/Application" in the upper right-hand corner of each page.

Narrative Outline

Please respond to the Introduction and each of the Performance Expectations below on a total of two single-sided pages or less. Include complete information on each bulleted item when writing your narrative.

Introduction

Description of your School

- Briefly describe your school, including history, Comprehensive Plan, programs and accomplishments
- Briefly describe your school's role in your community

Description of the Project

- Briefly describe the residency plan for which you are requesting support

Performance Expectations

Your application will be reviewed using the following performance expectations:

1. Planning and Implementation (45%)

- Demonstrate artistic excellence by artist's support materials (if artist is on the KAC Arts Education roster, no support materials are required)
- Describe strategies to engage students in the hands-on creation of art
- Describe strategies to encourage teachers and parents to participate in the creative process as part of the residency
- Describe how the residency will help teachers and parents learn how to use the arts to support student learning
- Describe strategies for promoting awareness of the value of arts education and arts in education

2. Gathering and Responding to Evidence (35%)

An important goal of the residency is long term impact on all participants. To assess that impact, you will gather evidence throughout the planning, implementation, and follow-up to the residency to determine progress, and to learn about and improve upon the work being done. Effective assessment will include a combination of quantitative (measured by quantity or amount) and qualitative (measured by quality or kind) measures.

** Measurement of student engagement in the hands-on creation of art may include anecdotal observation, photo documentation, student journaling, etc.*

* *Measurement of teacher and parent involvement in the creative process and measurement of their increased ability to use the arts to support student learning may include:*

- *quantitative data of the number of parents who came into the classroom, attended events, or responded to requests for at-home involvement, etc.*
- *qualitative measurement such as interviews, anecdotal observation, open-ended surveys, etc.*

* *Documentation of activities to promote awareness of the value of arts education and arts in education may include examples of media coverage, letters home to parents, etc.*

- Describe the process and tools you will use to gather ongoing data about the impact of the residency on all participants (increased participation, abilities, and awareness of the value of arts education and arts in education)
- Describe how staff will use knowledge gained during the residency to utilize the arts in instruction after the artist leaves

3. Diversity and Access (20%)

- Describe how the residency will work to increase understanding of and appreciation for diversity (see KAC Values Statement) within the school and community
- Demonstrate an understanding of disabilities which may be encountered and describe strategies to ensure that everyone is served

Application Checklist

Include this application checklist as the first page of your application package

Your application is not complete and will not be forwarded to the panel for review if it does not contain the following mandatory information:

One signed original:

- ☐ Teacher Initiated Program Grant Application and narrative

One copy of the following:

- ☐ Supporting materials (résumé, work samples, bio, etc.). for the residency artist(s)
if not currently on the KAC Arts Education Roster

If you would like acknowledgement of receipt of your application and return of any support materials please enclose the following:

- ☐ Self addressed, **AND** stamped #10 envelope for acknowledgement of receipt.
☐ Self-addressed, **AND** stamped mailer for return of supporting materials.

Application Signatures

*I certify that I am legally authorized to submit this application on behalf of the applicant organization and that the foregoing statements and enclosures are true and complete to the best of my knowledge. All signatures must be in **RED** ink.*

Applicant Signature _____ Date _____

All signatures must be in RED ink.

Applicant (Type Name) _____ Title _____

Note: Artist must sign this application before it is received by the KAC. **Plan ahead.**

Artist's Signature _____

All signatures must be in RED ink.

Type Name _____

Mailing Address for Completed Application

Kentucky Arts Council
Old Capitol Annex
300 West Broadway
Frankfort, KY 40601-1980